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A NARRATIVE

of the work done in a year by the BOSTON ASSOCIATION FOR THE RELIEF AND CONTROL OF TUBERCULOSIS. ¶ An announcement of its immediate plans. ¶ A diagram of the present resources in city and state for the relief and control of tuberculosis. ¶ An acknowledgment and accounting to those who have provided the funds.

1907

PRICE 15 CENTS

4 Joy Street, Boston, Massachusetts

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ANNUAL REPORT, FOURTH YEAR
NOVEMBER 1, 1906, to OCTOBER 31, 1907

The cross on the cover is the
international emblem of the campaign against tuberculosis.
Yellow represents prophylaxis.

PRICE 15 CENTS

4 Joy Street
Boston, Massachusetts

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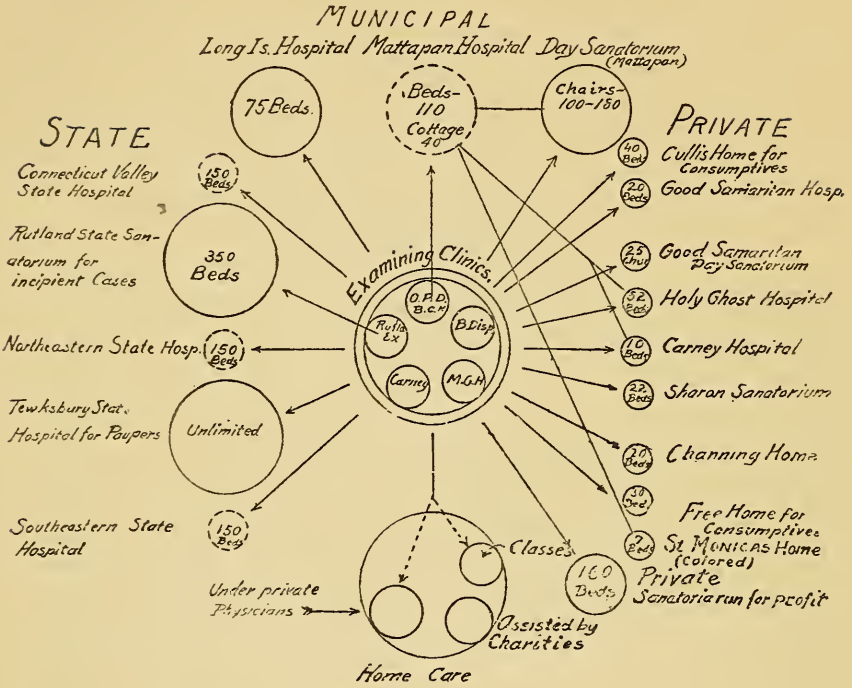
RESOURCES FOR TUBERCULOUS PERSONS



The diagram illustrates in rough proportion the resources for caring for the consumptives of Boston. The central circle represents the places, including private physicians' offices where examinations and diagnoses are made, and from which the patients are sent to a suitable "resource" when there is a vacancy.

The five small inner circles represent the five principal free clinics.

The clinic for examination of applicants from Boston and its vicinity for admission to the Rutland Sanatorium (1) is represented by the upper left-hand inner circle, within which are its initials. The second (2) or next small inner circle to the right is the Out-Patient Department of the Boston Consumptives Hospital, 13 Burroughs Place. The third (3) is the Boston Dispensary on Bennet Street. The fourth (4), the Massachusetts General Hospital, on Grove Street. The fifth (5), the Out-Patient Clinic of the Carney Hospital.

The outer central circle represents the office of the Association where a central registration and record of all reported cases is maintained. A nurse is employed to investigate and assist emergency cases. Proper means of disposing of sputum, literature, and information are distributed free.

With the exceptions above mentioned all of the "resources" may be referred to directly. It is noticeable that there is no institutional provision whatever for children.

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(1) Is located at Massachusetts General Hospital on Grove Street. It is open on Wednesdays and Saturdays from 1.30 to 4.30 P.M. Attended by a nurse from this Association to care for those rejected.

(2) Controls admissions to the beds for consumptives in the top or Municipal group of resources, and to the connected side groups — Holy Ghost and Carney Hospitals and St. Monica's Home. Also provides for supervised home care. Open Monday, Wednesday, Friday and Saturday (for children), 9–12.

(3) Provides supervised home care and sends some cases direct to Rutland Sanatorium. Open, except Sunday, 9–11.

(4) Out-patient clinic, classes, social service. Open, except Sunday, 9–10.

(5) Open, except Sunday, at 9.

"The conservative assumes sickness as a necessary fact, and his social frame is a hospital. . . . Sickness gets organized as well as health, the vice as well as the virtue." — EMERSON.

IN addition to a formal report upon the scope and statistics of its work the public looks to the Boston Association for the Relief and Control of Tuberculosis for news, for a recapitulation of the present situation, and for a program. Description of the progress made toward the relief and control of tuberculosis during our past year may properly begin with an outline of the broader measures — those resulting from legislation passed for the state and for the City of Boston during that year. The Association agitated the need of these measures, assisted the State Tuberculosis Commission which recommended some of them, and was represented at public and private hearings in their advocacy.

STATE LEGISLATION

Massachusetts General Court of 1907 passed three acts of main importance to the common health. The report of the Tuberculosis Commission of 1906 demonstrated that our present best knowledge of the number and location of tuberculosis cases and foci in Massachusetts is not even approximate. Health protective efficiency requires:

1 Notification of danger by whoever recognizes it.
2 Registration at a central office of the facts regarding the dangerous thing or person.
3 Examination of the situation with a view to eradicating the danger.
4 Mechanically recurrent attention until it is eradicated to prevent the danger slipping from notice and control.
5 Explanation of the lesson to be learned by each experience to each person affected.

COMPULSORY REGISTRATION THE FIRST ACT

An enforced compulsory notification and registration law is, therefore, fundamental to intelligent combat of disease. This law was passed at the last session. It requires that every person who knows of a case of infectious or contagious disease in his house or family shall notify the selectmen or board of health within six hours. The householder must disinfect to the satisfaction of the local board of health whatever places or articles have, in its opinion, been exposed to infection. The layman may be fined $100 for failure to act according to this law, while the attending physician who fails to give such notice is to be fined not less than $50 nor more than $200 for each offense. Local boards of health or selectmen must in turn transmit the information to the state board of health. With prompt and full information in hand from every community it can run a continuous survey of the Commonwealth and exercise statecraft where the health defences are weakest. Empowered by a supplementary act of the same session this state board, on August 8, declared tuberculosis to be among the diseases "dangerous to the public health," and so to be under these provisions.

"DANGEROUS TO THE PUBLIC HEALTH"

The full list of these diseases is as follows:

Actinomycosis	Scarlet Fever
Anthrax	Smallpox
Asiatic Cholera	Tetanus
Cerebro-Spinal Meningitis	Trichinosis
Chicken-Pox	Tuberculosis
Diphtheria	Typhoid Fever
Glanders	Typhus Fever
Leprosy	Whooping-cough
Measles	Yellow Fever

ENFORCEMENT OF LAW

It is not complimentary to our citizens, and especially to that group whose exceptional educational advantages should make them appreciative of the seriousness and immediate importance of this law, to report that there had been no marked change in the first five months after it went into effect in the number of cases of these diseases reported. How soon shall the fines be invoked?

The second act established a Consumptives Hospital Commission and provided for three new State Sanatoria of 150 beds each for advanced cases of tuberculosis. They are to be located in the northeastern corner of the state, in the southeastern corner, and in the Connecticut Valley. The appropriation made by the same act of $100,000 for site, building and equipment of each is quite inadequate. Considering present costs and the character of construction and degree of comfort necessary for this class of patients together with the number of beds to be provided, it is evident that the coming session must augment these allowances. Important work on the selection of sites and the plans has been done by the Commission of which Dr. Arthur T. Cabot and Dr. John B. Hawes, 2d, are Chairman and Secretary. The act allows this Commission "to establish outpatient departments," and to "disseminate knowledge" as to the best methods of combating tuberculosis. The amount of publicity given by the newspapers to the first health article sent out offers encouragement for the extension of this means of public education.

450 ADDITIONAL BEDS FOR ADVANCED CASES

The third act divides the State into fifteen health districts and provides for a "practical and discreet" doctor of medicine to be state inspector of health in each. That the state values direct experience is indicated by their term of five years. The inspectors are to gather information regarding the prevalence of tuberculosis and other diseases and influences dangerous to the health of the public in their district. After consultation with the State Board of Health, under whose general direction they work, and with the local board of health, they must take steps to abate such diseases and influences. They are empowered to enforce the laws regarding light, ventilation and cleanliness of factories, and regulate them in regard to matters affecting the health of the operatives. Structural changes may on their recommendation be required by the State police. They are especially charged to watch for ill health or physical unfitness of minors found in factories, and report it to employer, parents, and the State Board of Health. They issue all licenses for work to be done in tenement houses. This last prerogative alone resulted immediately in discovery of many evil conditions and the beginning of health improvement work.

MEDICAL INSPECTION OF FACTORIES

EFFICIENT INSPECTORS

The value of this legislation depends entirely on the fitness of those selected to carry out its provisions. Governor Guild was especially fortunate in the selection of these health scouts. They are so alert that they have already found work to do beyond their individual strength, and it would be economy for the state to give them proper assistance. With such a staff at large it seems a safe prophecy that local health boards will soon cease to be mere policemen enforcing fumigation and vaccination ordinances, and will become more efficient in protecting health and developing vitality.

Two other laws of 1907 to which attention should be called are those making improper expectoration in public places an offence punishable by a fine of $20 (and permitting summary arrest of such offenders without a warrant), and relieving persons suffering from tuberculosis from classification as paupers by reason of any expenditure made for their relief from this disease by their town or the Commonwealth.

CITY LEGISLATION

WHAT BOSTON HAS SECURED

Boston's system of government control of tuberculosis has been materially broadened and strengthened this year; and if the city can carry out its present plans it will become the world's leader in municipal campaigns against tuberculosis. It placed a medically trained physical director over its school gymnasiums and playgrounds at the beginning of the current school year, and is thus extending a new method of unified municipal guardianship over the health of young citizens. Ranking this in importance is the scheme of school nurses under one superintendent which was instituted at the same time. The physical director and the nursing staff will discover many ills in incipient stages when simple remedies may be effectively applied, and children having tuberculosis, or other diseases, will be reported and treated more promptly than has hitherto been possible.

FIRST CARE FOR ADVANCED CASES

The Boston Consumptives Hospital received an additional appropriation late last summer, making a total of $225,000 with which to build and equip an ideally situated hospital of 115 beds for advanced cases. Work is now being done on the site acquired in Mattapan. Boston is taking the social as distinguished from the individual point of view and is profiting by the contrasting experiences of Germany and Great Britain in providing first for the advanced class of tuberculous patients. In Germany almost exclusive attention has been given until recently to incipient or sánatorium cases with a net result of no decrease in the general mortality from this disease during the last decade. Great Britain, on the other hand, has taken care of the hopeless cases in hospitals. These cases sow the infection wherever they are not isolated in hospitals or at least carefully supervised. The death rate in England from tuberculosis shows a marked decrease.

PROFITING BY FOREIGN EXPERIENCE

The Out-Patient Department of the Boston Consumptives Hospital was opened at 13 Burroughs Place, on September 15.

This department maintains a registry of all cases reported to the Board of Health, provides throat, nose and chest clinics, and conducts classes for periodic re-examination, instruction and treatment of all for whom a regime of home care seems desirable. A corps of nurses has been provided to supervise such cases in their homes and to investigate. Milk is furnished to these cases on the recommendation of the attending nurses where the family of the patient is unable to provide such special nourishment. Both treatment and supervision are entirely free.

A PERMANENT DAY SANATORIUM

The city has lately made an extraordinary appropriation of $11,000 for an open-ward shack sanatorium to care for from forty to eighty advanced cases, and of $6,000 for a permanent day sanatorium to accommodate from 100 to 180 patients. The plan is adapted from that of the Day Camp conducted by this Association, which also furnished the tables of costs and the history of success used in the petition for these appropriations.

THE LOCAL EXTENT OF THE PROBLEM

This summary of laws enacted, and of moneys given, marks a parallel extension of the program of the Association, since each law and each sum will discover to us some of those sick or threatened persons who are now outside the sphere of health and life-saving aid. Dr. R. W. Philip of Edinburgh, who has made in that and other Scottish cities what are, as far as we know, the most thorough studies of this subject, states that it is conservative to measure the number of active cases in any city of Western civilization by the annual number of deaths from tuberculosis multiplied by ten. As there were 1,100 such deaths in Boston last year we may reckon the problem of relief and control on the basis of 11,000 cases—a number which warns us that every rational measure must be taken to supplement the safeguards of health.

SCHOOL DENTAL CLINICS

Addition of school dental clinics to our present school medical and nursing work would be a rational measure towards completing the health supervision now generally recognized as belonging to our educational system.

"Defective teeth cause more physical deterioration than does alcohol," said Dr. William Osler in a recent address in London. In their scholarly work "Dental Hygiene in School and Army," Doctors Ernst Jessen, Loos, and Schlaeger state

TUBERCULOSIS AND THE TEETH

that foul teeth lead not only to their own destruction, but the decaying tooth is an unsurpassed culture medium for the germs of other diseases. It is believed that nearly all mouth and neck gland tuberculosis can be traced directly to infection from neglected teeth.

Through photographs, descriptions and statistics gathered in Strassburg and elsewhere, Dr. Jessen shows that the average child's mouth looks like the "burnt district," and this diseased condition of the teeth explains many of the sad pictures of pale cheeks, dull eyes, anæmia, and nervousness, to be seen in every school. These little unfortunates cannot properly chew their food; it is wasted and becomes a burden. They cannot even learn to speak clearly and correctly; they become inattentive, fretful and disturbing to those about them both night and day; and the new teeth, forced to prematurity and consequent poor quality, often become carious very shortly after they appear. The grateful children whose suffering has been stopped at such clinics frequently return tugging at the hand of a half-abashed parent or brother, who has not been sought out by the provident community, but who is suffering because this teaching and care was not given during his youth.

FINDINGS IN NEW YORK AND BROOKLINE

The New York Committee on the Physical Welfare of School Children brought to light the first facts in regard to the prevalence of disease among American school children. This Committee reports that 73 per cent of all school children are badly in need of dental care, while less than 10 per cent have any such care. Six months after the original examination of 2,200 pupils, a second examination of 1,323 of these showed that but two had been given relief after the Committee had called the attention of the parents to the need. Very little of this neglect was chargeable to poverty, and it seems fair to ascribe practically all of it to general ignorance of the grave importance of dental hygiene. Nearly identical figures and results are shown by the school dental examinations in Brookline. The almost universal prevalence of diseased mouth conditions, and the proven inefficiency of mere information to parents on the subject, should be sufficient evidence that any immediate and practicable program of correction must have its beginning in the educational system.

THE INSPIRATION IS GERMAN.

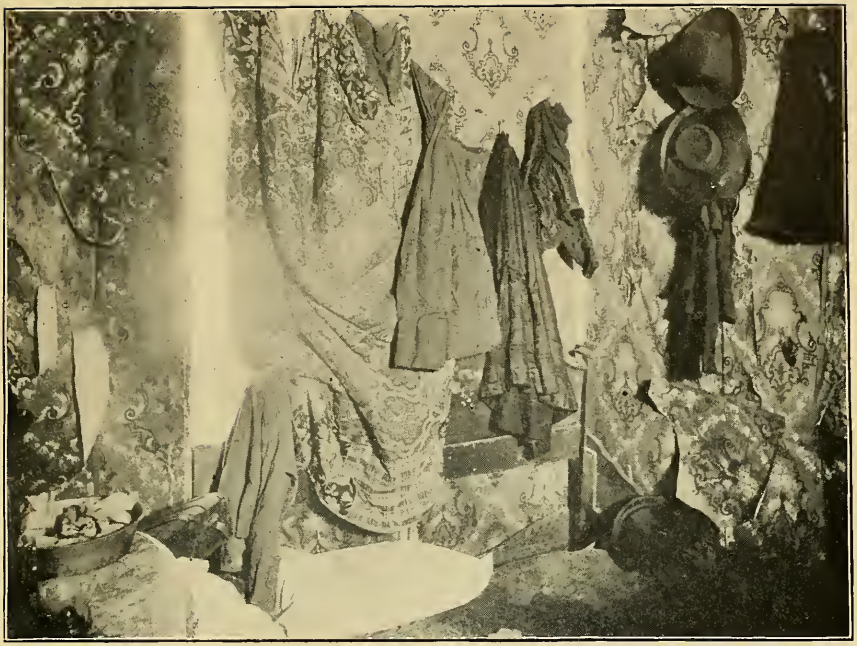
Professor Jessen succeeded, in 1902, in persuading Strassburg to open the first public school dental clinic. During the school year 1,543 children were examined. Of these children only 104 had perfect teeth; 92½ per cent had defective teeth, and the defectiveness amounted to 31 per cent of the entire area. Strassburg now makes complete provision for the dental hygiene of its school children at a cost of but seven cents for each examination and treatment and a total expenditure of only $2,000 per year. Thirty-two German cities, New York, Brookline, and thirteen cities in other lands have followed this lead.

RELIEF AND CONTROL NURSES

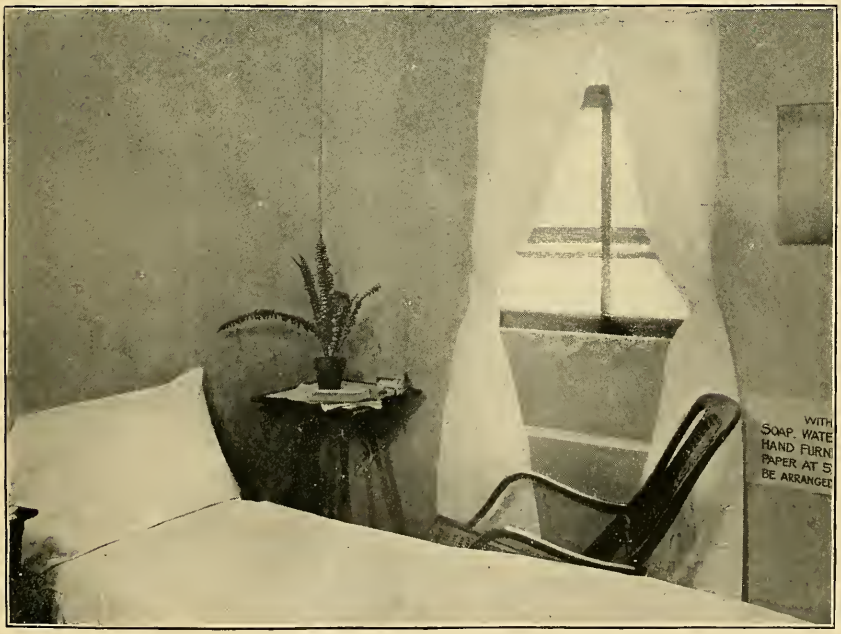
Good Samaritanism might be the title under which to describe the intricate ramifications of the daily service of the Association's trained nurses. In October, 1907, a second nurse was engaged for four hours a day because the augmented number of Day Sanatorium patients had increased the amount of work beyond the capacity of one woman. She is detailed to attend the Rutland Sanatorium examining clinic where she interviews and advises all applicants. Those who are rejected because they have no funds she places in touch with charitable societies and she advises those who have been accepted regarding necessary preparations and equipment. Her chief responsibility, however, is the disposition of the two-thirds who are rejected for physical reasons. Each one must be visited in his or her home and placed, if possible, in a hospital or other institution; the bad housing conditions which the nurse finds must be remedied, and the family educated in hygiene and prophylaxis.

A NURSES' DAY

Another nurse is on duty daily from 8.30 to 5.30 o'clock to investigate, instruct and assist all cases referred to our office, or returned from the Rutland State Sanatorium. She has made 1,443 visits this year to given addresses and has interviewed and helped 1,493 persons. She definitely disposed of 344 cases by placing them in the proper institution or arranging for other adequate care. Letters were written on behalf of patients, and leaflets were left for the guidance of the patient or his household group after personal instructions had been forgotten. Through this nurse and the Boston Dispensary, over 1,000,000 paper napkins and bags were distributed as a means to the proper



A $10.32 Transformation from Darkness, Disorder, Dirt and Discouragement to Sunshine, Sanitation and Simplicity



Two rooms, representing this one before and after our Nurse took the case, are reproduced in the Traveling Exhibit

disposal of sputum. Visits made to mistaken or false addresses caused much loss of valuable time.

Our nurses regularly report cases and addresses to the board of health for registration and fumigation, and check up its reports against each other and our records so that pestilential conditions are not allowed to slip through and continue. Overcrowding and illegal housing are reported for remedy and quarantine cases are pressed. New cases are reported to the Associated Charities and the Boston Consumptives Hospital Out-Patient Department. Duplication of work with the visiting nurses from the Boston Dispensary, the Boston Consumptives Hospital Out-Patient Department, or the District Nursing service, is prevented through a weekly review of work and frequent consultation.

SCOPE OF RELIEF

It is not the intention of this Association to take charge of any case that falls within the scope and resources of any other society. But we are occasionally forced to act swiftly upon such cases to relieve acute distress. We do propose to find every gap in the proper care of every tuberculosis patient in Boston and to bridge it until it is filled. We expect to pursue consistently our past policy of utilizing all existing public and private health and charitable resources to their capacity. When these fail we will try to find the nature of the lack and to devise a plan for supplying it through an extension of the public functions.

EXPERIENCE

An emergency relief fund of $250 given last January has paid the board of three people at the state sanatorium, the car fares of indigent patients, and it has clothed and fed some sick people at a sharp crisis in their affairs. It was also used to pay the salaries of a day and a night nurse, and other expenses involved in providing comfort and care through several weeks for a brother and sister dying at the ages of twenty-one and twenty-three. They were discovered in the last stages of phthisis in a little home they had striven with increasing difficulty to maintain for each other after the death of their parents from the same disease. Their devotion to each other was so deep, their fear of separation so great that no one would subject them to the misery of parting at a hospital door. They died peacefully on the same day.

EASING DEATH

HOSPITAL AND SANATORIUM CARE

30 NEW HOSPITAL BEDS

The generosity of one man enabled our Association to increase by thirty beds the meagre hospital facilities for advanced cases in and near Boston, through fitting out a ward in the Holy Ghost Hospital. The trustees of the Boston Consumptives Hospital had been given authority by the General Court of 1906, to hire 100 beds in private hospitals, pending the erection of its own institution, at five dollars per week. At that rate the hospital would have lost $3.00 per week on each patient taken. In order to make these beds immediately available, the Association offered to pay the difference until the law could be changed. The offer was accepted, the beds were filled with some of the worst suffering and most dangerous cases, and in 1907 the law was changed so that the city could pay the full sum. This piece of efficient gap filling cost $3,539.88.

52 BEDS SAVED

Fifty-two beds had long been provided for Boston cases in the specially constructed tuberculosis ward of the Long Island Hospital. It was learned late in the year that the trustees of this hospital were preparing to close this ward, whereupon such a presentation of the situation was made as will probably continue to guarantee the rights of the sick as long as it is necessary.

We are encouraged to believe that provision will be made for children suffering with tuberculosis in its later stages at one, and perhaps all, of the new state sanatoria.

TUBERCULOUS CHILDREN

Our Committee on Tuberculous Children and the Committee on Relief and Control, through our own nurses and the cooperation of the Associated Charities and the children's societies, have secured, since January, 1907, the examination of 1,250 members of families in which there was known to be a case of the white plague. This precautionary measure revealed that about 33 per cent of the children of this group were tuberculous and that an additional 17 per cent were pre-tuberculous — that is, weak and anæmic and less than normally able to withstand infection when exposed to it. The Committee on Tuberculous Children has worked out and secured adoption of a scheme of clinical districts. Exposed children or others discovered through its efforts are to be taken for examination and subsequent observation to the clinic within the district where they live.

CLINICAL DISTRICTS

It has made a great effort to secure adequate care for each class of children's cases. If public relief fails today under the burden of thousands and thousands of consumptives whom it cannot help, it is because no remedy is applied before the evil has passed its hidden development. In France a movement has grown up under the leadership of the late Professor Grancher for providing country homes and schools for all of these pre-tuberculous children. Throughout Germany and in other parts of Europe such children are sent to Schools-in-the-woods. Except during storms all of the life is out of doors. Thus society displaces weakling by sturdy youth. Possibly our camp equipment, released as it will be by the city's new provision, can be adapted to demonstration of the value of these ideas in America.

GRANCHER'S WORK

WALDSCHULE

THE DAY CAMP SANATORIUM AT MATTAPAN

Obvious as are the difficulties of caring for sick people where one has charge and control over them for less than half of the time, during the remainder of which they are at home, yet the results to the community may eventually be as great, if not greater, than by the isolation methods of hospitals and sanatoria. There is a growing feeling among physicians and social workers that except for acute and dangerously infectious diseases there must be more treatment in the home, and recognition of the economic impossibility of more general dependence on hospitals; and since Boston, for example, is now straining its resources to build a hospital for 115 patients, it is clear that we must look for complementary methods of caring for the 11,000 of its residents who by conservative estimate are now suffering from tuberculosis.

NOT AN EXPEDIENT BUT A NEW KIND OF RESOURCE

A distinctive virtue of day and home care of the sick is that it recognizes the family relationship. To make the family the unit of treatment is, it seems, especially desirable in dealing with a scourge so general and insidious. The elements of tuberculosis treatment are as valuable for heart and nerve trouble as for the lungs, for they consist of hygiene rather than of medication, are so simple and rational that mistake in their application is difficult.

THE FAMILY PRESERVED

The Day Camp Sanatorium established by the Boston Association for the Relief and Control of Tuberculosis three years

THREE YEARS IN AMERICA

ago, after German precedents, has justified the boldness of its promoters in attempting to cure on the sea level in a trying climate with crude equipment and with home complications — and compensations — as a background. It has proven practicable, economical, and educative. An extended report of its methods, costs, and results is here presented in the earnest hope that it may lead to a rapid extension of work on similar lines.

SALEM CAMP

HOUSE OF THE GOOD SAMARITAN

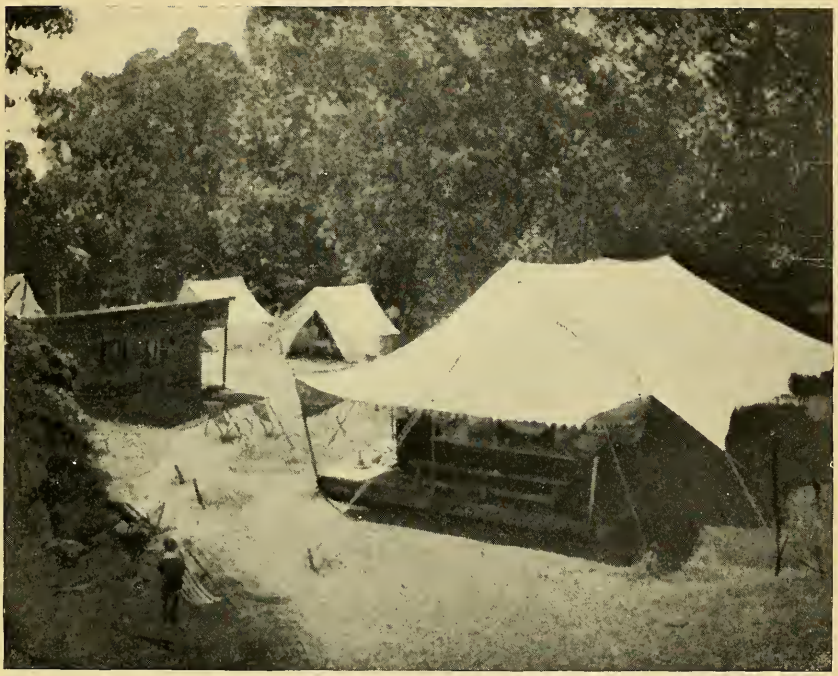
DAY CARE ON A FERRY BOAT

The first outgrowth of our experiment was the Camp connected with the Salem General Hospital, the second is that of the House of the Good Samaritan Hospital in Brookline, and the third is in New York. After looking in vain for a suitable plot of ground the New York Tuberculosis Committee borrowed a retired municipal ferry-boat which was tied to the end of a pier where it was swept by the harbor breezes. The House of the Good Samaritan Camp is run in conjunction with the hospital and illustrates what imagination can do by way of increasing the productiveness of hospital investment. Twenty-five patients, half as many as are cared for in the wards, are sheltered in the yard under the lee of the building the year around. This is done practically without extra cost of equipment and at a daily average cost of thirty-two cents per patient per day. The Salem Camp has thus far been maintained through the summer months only, and is not strictly for day care, but like the others has been proven a notable success.

A NEW LOCATION

After two successful seasons on Parker Hill, in the heart of Boston, the "Day Camp" was removed this year to the beautiful Conness Estate in Mattapan. The trustees of the Consumptives Hospital of the City of Boston had recently acquired these fifty-eight acres as a site for their institution. Not only did they very graciously consent to our use of a portion of the land but they put in the sanitary system and did everything else in their power to assist and encourage us. The tract lies within the city limits and consists of a southerly slope in two terraces picturesquely divided by an escarpment of huge masses and boulders of pudding-stone. The soil is light and provided with an exceptional drainage system. Within sight is the Neponset River. Our experience has been entirely satisfactory and offers a partial confirmation of the judgment used in selecting the property for this purpose. There has been

HIGH ALTITUDE NOT NECESSARY



The office and examining room, rest tents and dining tent of the Day Camp Sanatorium

The Living Christmas Tree of the Day Camp patients

no notable dampness, we were cooler than other parts of the city in summer and the natural shelter of the spot has already proved welcome this winter. We hoped that the Association's demonstration of the practicability and efficiency of the day sanatorium idea under American conditions would induce the city's trustees to accept it as part of their general plan for relief and control of tuberculosis. It is gratifying that they have done so. The average patient reaches the new camp earlier and with less fatigue than was possible at Parker Hill; although it is several miles farther from the congestion center.

Fourteen patients appeared on the first day, June 5, and within a month a waiting list was necessary. The Committee voted to increase the capacity to seventy-five, which number, plus the staff, taxed the full capacity of the cook and the stove. The dining-tent could be made to seat but seventy-two patients at one time. The rest of the equipment was increased to eighty units. Our idea was to admit eighty-five applicants who could not be placed elsewhere and by giving them good food and rest in the open air, medical and nursing attention and supervision of home conditions, strive for success with each case individually.

INCREASE IN CAPACITY

The patients at the Day Camp Sanatorium are of an advanced but still hopeful class. No one is admitted until after rejection by the examining board of the Rutland State Sanatorium, excepting persons on its waiting list who are admitted to the Camp pending their opportunity at this sanatorium for incipient cases. In addition we have persons barred from the Rutland Sanatorium by age (under fourteen or over forty-five), and a considerable number of cases who had previously been to the Rutland Sanatorium and who on this account are not re-admissible. No one is admitted to the camp who has a regular temperature over 101 degrees, or whose general condition is such that he or she would not gain at the camp more than the cost in fatigue of getting back and forth from home. Where there is any doubt about this, the patient is given the benefit of it and is later discharged to a hospital if necessary.

CLASS OF PATIENTS

Patients are expected to leave the Dudley Street terminal at 8.15 each morning, arriving at the camp at 8.45. During the first month a special car was hired by the Association to carry the patients to and from the camp each day. They objected

HOURS

to using it, being delayed by so doing; and as there was no popular objection to the location of the camp or prejudice against its patients it was discontinued.

TRANSPORTATION

Car-riding does not induce coughing and this trained group is more than ordinarily careful in regard to using napkins when sneezing, coughing and expectorating. Throughout the summer and fall months the crowd of Sunday travelers is so large and the extra provision made so inadequate, that we could not subject these sick people to the brutality and delay to which they would be exposed by trying to return home on the ordinary cars. For this reason a special Sunday evening car was supplied as long as the conditions warranted it.

REGIME

After a short period of rest their temperature and pulse records are taken. Between 9.30 and 10 A.M. a lunch of bread and butter and milk is served, and eggs are given to patients who require them. On the cooler days hot milk in the morning and hot chocolate in the afternoon is served at the lunches. At noontime a dinner consisting of meat or fish, two vegetables and a desert, usually made of milk and eggs, is served to the patients as they file from the washstand by the kitchen to the dining-tent. The pulse and temperatures are again recorded just before the afternoon lunch. This is served at 4 P.M. and is similar to the morning meal. On the average, patients are given an egg and a half per day. All are instructed to have a good breakfast and supper at home before and after their day at the camp. Knowing the home conditions and watching the pulse and temperature on arrival at the camp the physician in charge of the patients is able to judge closely through questioning as to how far this requirement is lived up to.

EQUIPMENT

Every patient is provided with a reclining chair and there are in addition several hammocks for general use. Two rest tents, each containing two cot beds, are provided for emergency use and any patient showing a temperature above 100 degrees is sent immediately to rest. In one instance a patient who had a hemorrhage during the afternoon was kept at the camp over night in order to avoid the danger of disturbance in returning either to her home or to a hospital. The nurses very generously took turns in constant attendance upon her.

PASTIMES

Several of the daily newspapers contribute copies regularly;

in addition magazines and books are provided for the patients and they are allowed to use these as long as their condition is normal. The women bring sewing and work upon it to a limited extent. The men, with a few exceptions, are allowed to smoke in the afternoon and to play cards, checkers and dominoes. Ring-peg is very popular.

The sexes seem to segregate themselves quite naturally and it is scarcely ever necessary to refer to the division of space allotted to one group or the other.

REGULAR ATTENDANCE REQUIRED

Daily attendance at the camp is required of every one on the rolls. Persons whose records are good are excused occasionally for their Sabbath celebration. Where this privilege results in any apparent harm through increase in temperature or pulse on the following day, or loss of weight, it is not renewed, but such a patient is occasionally given permission to bring some friend to the camp for the whole of or part of a day.

After one day's absence without excuse the nurse of this Association makes a visit to find out the cause. The third absence without acceptable excuse forfeits the patient's place to someone on the waiting list whose desire for health is more consistently shown. Persons thus discharged are referred to the out-patient department of the Boston Consumptives Hospital for observation. Any who become careless of infecting public places or a nuisance to their families may be sent to the Long Island or the Tewksbury hospitals under quarantine.

HOME SUPERVISION

To complete this scheme of day care and to make it more nearly approximate hospital care and control, we have sent graduate nurses to the homes when admitting patients and periodically afterward. We had to know at once whether the home quarters were at all satisfactory and to have our own basis of judgment as to the ability of the family to sustain it without undue strain. We had also to know whether fumigation and general housecleaning were in order and whether there were others in the family who ought to be examined and looked after. Sometimes such a visit resulted in the discovery that the family could afford to pay for the sustenance of the patient. We needed disinterested testimony as to home life and its influence on the patient's peace of mind and rest of body. Families being assisted by benevolent individuals or societies should be

known as entities. Certain situations can only be dealt with adequately by knowing and directly influencing every factor. We cannot assume that directions are carried out regarding early retirement, open windows, sleeping alone, cleanliness and the general best adaption of home conditions to health improvement. Prejudice against direct "night air," and belief that tuberculosis is hereditary and incurable except under exceptional conditions of high altitude and dry atmosphere, are still all but universal. Because there is a general belief that a true consumptive must be feeble and emaciated while, in fact, most of those in the first and second stages, and a growing percentage of those in the third stage, look robust, their stated inability to work or request for a special costly diet is frankly thought to be selfish by their families.

EDUCATING THE PATIENT'S FAMILY

IN THE EVENING ALL ARE TOGETHER

In order to enforce the necessary directions, sustain the sick person before his family and remove prejudices, know the whole family and see it as a group, we have adopted a plan of work which permits the nurse to make one or more evening visits to the patients in their homes. The results obtained amply maintain this judgment. The sick are better understood and cared for by their families; and encouraged by such visits at indefinite periods, they follow more faithfully that strict régimé of life which is necessary to upbuild the system and regain health.

204 PATIENTS IN FIVE MONTHS

Concrete figures in regard to institutions should be interesting evidence as to efficiency. On October 31, the end of previous seasons and of the fiscal year of the Association, 204 patients had been admitted to the camp. From the middle of July to the middle of October, 85 were kept on the rolls. This number of possible patients reduced by the average daily absences due to periodic and occasional sickness, bad judgment and family complications gave the maximum utility to the equipment and force except on very stormy days. Omitting the month of June during which we were assembling the patients there has been a daily average attendance of 70½. Including June it was 67 as compared with 46 and 31 in the previous seasons. In 162 days, the total for last year, we have given over 11,000 days' treatment as compared with 7,522 last summer, an increase of about 30 per cent.

UP TO 83 IN A DAY

COST

The cost of maintaining the camp was 58 cents per patient

The Day Camp Sanatorium is "Like the Shadow of a Rock in a Weary Land"

per day averaged for the first five months. This compares with 82.7 cents average for the first season, and 63.8 for the second. As each month has shown a saving over the previous one it seems probable that this cost can be still further reduced when averaged for a year around. The figures given include the cost of additions to and replacement of the equipment. If these be eliminated the cost for this year's regular season was 51 cents per patient per day. Of this $31\frac{1}{2}$ cents represents the cost of the meals. The balance equals the cost of the local administration and medical care. The cost has been met by voluntary contributions from 167 people, plus 25 cents a day from 7 patients who were able to pay this for a short time, and small payments by two neighboring cities whose Boards of Health sent patients to us.

THREE-FIFTHS FOR FOOD

The following social and medical statistics and information were furnished by Dr. Townsend and Miss Gallagher.

AGE, SEX AND NATIONALITY

The sexes were nearly equally divided. One-half of all were native born, 33 were born in Ireland, 25 in Russia, 23 in Canada. Fifteen were under 14 years of age, 173 between 14 and 45, and 16 over 45.

HOUSING

Housing and household conditions were not completely recorded. The residence of 185 was in Boston and of 19 in the suburbs. One hundred thirty-five lived in tenement houses with their families, 64 boarded or lodged and 8 lived in their own houses. One hundred sixty-four had separate rooms.

OCCUPATION

Eighty of the patients had been employed in factories or shops, 138 had been employed in confining occupations, 20 had been attending school, and only 21 reported outdoor work. Forty-five had given their time to household tasks.

MEDICINE

Medicine has been used only symptomatically. Sweet oil is not used because we feel that the patients receive varied and nourishing diet in sufficient quantities to render it unnecessary. It has not been deemed advisable, after careful consideration, to administer tuberculin treatment at the camp. The body weight of each patient is recorded once a week. Every patient is given a thorough chest examination once a month and a general examination on request. The throat of each patient is examined on admission by a specialist, who also comes to the camp twice each week to give necessary treatments.

EXAMINATION

THROAT CONDITIONS

The throat examinations showed 126 normal and 56 with definite evidence of tuberculosis. Twenty-two remained for so short a time that they were not examined.

Three patients were determined after careful scrutiny not to have tuberculosis. Twenty-five were suitable for hospital care only.

75 PER, CENT LOOKED WELL

Of the patients 25 per cent were well developed and nourished and showed no outward signs of the disease. A further 50 per cent were so well in appearance that they would escape the layman's attention, while but 25 per cent presented the haggard appearance and other indications usually thought to accompany the disease.

SOURCE OF CONTAGION

As to the source of the contagion nothing definite is known. There had been recorded cases of tuberculosis in recent years in nineteen of the houses and in twenty-two of the family groups. Five thought they caught the infection from fellow workmen.

Microscopic examination showed bacilli in the sputum of 42 per cent of the patients when they entered.

14 GAINED OVER TEN POUNDS IN 20 WEEKS

One hundred and twenty-two patients gained in weight, 59 lost and 43 were either weighed but once or showed no material change. Slow and steady gain in weight and commensurate improvement in strength and condition were sought. From half a pound to a pound per week was more commended than eleven pounds in three weeks or twenty-one in ten.

THE REST OF THE FAMILY EXAMINED

Ninety-six children and 36 adult members of families in which there was known to be a case of tuberculosis were examined during the regular season. Of these 17 were found to be tuberculous, 6 in suspicious condition, 11 had bronchitis, 10 had enlarged tonsils, or adenoids, 2 anæmia, 4 spinal curvature — leaving a balance of 80 normal. Each of those needing medical care was referred to the proper agency.

One of the most startling disclosures of the medical records was the sources from which the patients were referred to our camp:

Rutland State Sanatorium	34
Massachusetts General Hospital (Social Service)	39
Boston Dispensary	43
Boston Consumptives Hospital, O.P.D	8
Children's Hospital	1
Mount Sinai Hospital	8
Boston City Hospital	9
Through our office, Ex-Camp cases	11

From Tuberculosis Classes	7
Charitable Societies	6
Rutland Examining Clinic	10
Direct Application	5
Private physicians	23
Total	204

ONE THIRD HAD NOT BEEN TREATED BEFORE

One hundred and thirty-four of these cases, or nearly two-thirds, had been previously treated for tuberculosis in sanatoriums, hospitals, or classes. In consequence a special study of a group of such cases who had been in one of the best of our sanatoriums is now being made.

TEN "ARRESTED"

The results have been highly encouraging. Within the five months, of which account is here given, ten patients were discharged with the disease arrested and they have resumed their work and ordinary place in life.

FIFTEEN GRADUATED TO RUTLAND

Fifteen who were at first inadmissible have been secured places in the Rutland or other sanatoria or hospitals. Twelve have died at home or at institutions to which they were sent. Eleven of these died from tuberculosis. Fifty-six left against advice, 6 were discharged as unmanageable and the balance, 95, remained on the roll on November 1.

AVERAGE STAY 12 WEEKS

Eliminating the 42 patients who stayed less than a week, we find that the average patient stayed at the camp for twelve weeks up to November 1st. At that time there were 54 patients who had been there for the full twenty weeks, 74 had been there more than fifteen weeks, 96 more than ten weeks and 122 for five weeks or more.

The Day Camp Committee wishes to make very grateful acknowledgment of its indebtedness to Dr. Townsend, physician-in-charge, and to Drs. McCarthy, Houghton, Schmidt, and Sullivan, his volunteer assistants, and to Miss Robbins, matron, and the other members of the staff for their tireless efforts which are so largely responsible for the continued success of the Day Camp Sanatorium. The Committee also acknowledges with gratitude the generous volunteer service of Miss Tileston and Mrs. Carver; the constant kindness and good neighborliness of the fellow tenants, the Conness and Meehan families; the faithfulness and cheerful performance of the nurses and the kitchen help under trying circumstances; the gentleness, regularity, co-

operation and high courage of the patients, without which all else would be vain; many lesser but appreciated gifts of services and supplies from the Trustees of the Boston Consumptives Hospital, the Boston Young Men's Christian Union, the Boston Elevated Railway Company, Walter Baker Chocolate Company, Walter M. Lowney Chocolate Company, Miss L. R. Little, Shepard & Norwell, Houghton & Dutton, R. H. White, Jordan Marsh & Co., Thomas Kelly & Sons, Mrs. William L. P. Boardman, Mrs. Skinner, Mrs. J. S. Howe, Mrs. W. H. Smith, Mrs. E. D. Townsend, Miss A.Tileston, Mrs. Edward L. Clark, Mrs. J. G. Brooks, Mrs. Charles Gillis, Mrs. J. Dutton, Mrs. G. T. Baker, Miss A. R. Townsend, Miss Alice Richards, Mrs. A. E. Hatch, Miss B. Stone, Miss S. S. Watson, Mrs. Hodgden, Mrs. C. K. Cummings, Mrs. William T. Bowles, Miss S. J. Elder, Mrs. J. E. Swan, Robert T. Paine, D. J. McDonald, N. K. Wood, C. P. Jaynes, The *Traveler*, The *Transcript, Herald, Post, Journal, Globe,* and *American* for newspapers furnished for the patients, and to the press generally for helpful publicity. Thanks are heartily given to each of those whose generosity has made this the longest and most successful season possible and especially to the three anonymous givers of five thousand dollars. With these funds the work will be continued until the city's building operations begin.

WHERE CURE BREAKS DOWN

EX-PATIENTS

When a patient leaves Rutland for Boston, the Superintendent punctually sends us his name, prospective address, the next friends' address, and his condition on discharge, *i.e.*

Apparently Cured,	Improved,
Disease Arrested,	Process Active,
Much Improved,	Left Against Advice,

Not Considered (the stay being so short that there was no basis for a report except the entrance card), and

Non-tuberculous (cases which remain doubtful after repeated examinations at a clinic are admitted for observation during an indefinite period).

The filing of this notice places the ex-patient on the office books for after care which ought to take the form of a prompt advisory and observation visit by the Association nurse. Few of the patients have applied to us for advice or aid immediately upon their arrival in Boston, but the number ultimately becoming dependent has reached proportions that demands serious inquiry into the reason why the costly work of cure has to be repeated.

THE THEORY

In the division of labor at the office of the Association first attention has been given to newly-discovered cases because they are usually in the second and third, or the advanced stages, and are ignorant of what to do for themselves, and how to protect others from infection. The Day Camp patients are next in turn, for we have sole medical control over them, and the responsibility for the health of their family unit is also on our shoulders. Our final concern has been with those who presumably have learned how to take excellent care of themselves, and who should have been instructed concerning their activities when they left Rutland. They should now, therefore, rank among the assets and not the liabilities in the business of cure.

ITS COLLAPSE

But it was noted in October that 34 of the 91 patients on the roll of the Day Camp had been treated at other sanatoria, and that the period between discharge and the application to us as reverted cases in the second or third stage was surprisingly brief. At this juncture the story of Mary Jones reached the office. She had been discharged from Rutland this summer after twelve weeks of treatment, "disease arrested." Her small savings had been drained of $55 and the State had spent $74 for her maintenance besides an uncomputed amount in interest, depreciation, and lost taxable values on its property.

A FAILURE

Warned on leaving to "live according to the rules of hygiene learned at the sanatorium," she returned happy and hopeful to her old work of scrubbing office floors on her hands and knees with a brush. On the third day the severe exercise of chest and back muscles caused a hemorrhage, which was followed by renewed activity of the disease process. No one had talked with her before it was too late, about her previous occupation and the unwisdom of returning to it, and no one had assisted her to select and obtain another means of livelihood. A second arrest, if effected at all, must be in spite of broken faith and advanced condition. She will also be treated by a different group of doctors and nurses who must duplicate the wasted acquaintance, time, energy and skill.

The Committee on Relief and Control then decided to seek in the records of this type of cases the answers to these questions:

WHY?

To what extent is the reversion due to the occupation?
To home conditions?
To an inadequate period or character of treatment?
To lack of instruction or failure to understand instruction at discharge?

The physician in charge of the Camp selected nine of the thirty-four cases as "relapses probably due to industrial occupation," during the interval between the discharge and the new application. Four cases were added to these on information subsequently obtained from the visiting nurse, which indicated a similar cause for their relapse. The remaining twenty-one have not yet been considered. Neither the social record at the

office nor the medical records at the Camp yielded satisfactory data on the home life or occupation — a failure due in part to the card form, and in part to the indifference with which we have all regarded these subjects. The facts were, therefore, sought directly from the patients in conversation carried on informally without note taking or set questioning. Not more than two or three histories could be taken each day by the volunteer who gave all her time to it. Time and tact were required to replace reticence by friendliness, and reach the spontaneous natural point of view. When each story was finally written the salient facts were checked against official records and information given by the Camp physicians and matron, and the visiting nurses.

The following cases are outlined in their most abbreviated form and can, of course, convey little of the powerful impression made by the detailed recital of hardships, courage, and defeat. All lived outside of Boston, but within ten miles of the city.

Case No. 156. ——— Age 29. He says that Rutland Doctors told him after three months' treatment, three years ago, not to leave the sanatorium, but he had to go to work to support his family, and a brother, who remained at Rutland. He left the sanatorium "improved," but he said he "arrested himself" by taking a place as freight brakeman and staying out of doors all the time. He was examined at intervals, and although he felt well, the trouble did not entirely disappear. His brother was then dismissed from Rutland to die. C. said that it was necessary to take care of his brother, although he knew that he should not do so. He worked all night and took care of his brother during the day, and attributes his second infection to this cause. He grew more and more tired, and lost all that he had gained. He entered the Camp July 30, 1907, "second stage active."

Case No. 141. —— Twenty-five years old. Was discharged from Rutland after five months' treatment, in September, 1906, "arrested." Says that she was told that she must never work again, and she stayed at home under admirable conditions for two months, and then returned to her former occupation as telephone operator. The hours were from eight to six, and the

work nerve-wearing, but she did not miss a day during nine months until too ill to go to work. She entered Camp, August 13, 1907, first stage active. Hopes to find a place as a switch board operator in a private office near the window and with shorter hours. Discharged from Camp, November 15, "arrested."

Case No. 76. —— Thirty-four years old. Admitted to Rutland about December 1, 1906, discharged April 6, 1907 (twenty weeks), "arrested." The patient understood that she was cured and in the "best of health," but ought not to work for a year or two. She is a widow with six stepchildren and three of her own, only two of whom are wage earners. Returned to house work, doing as little as possible, remembering advice — and her household showed it. Admitted to Camp, June 27, stage two, active. Discharged November 25, "arrested."

Time prevented the completion of this study before the rendering of this report but the conclusion already seems clear that:

CONCLUSIONS

Our knowledge of the patient ceases to be exact, scientific or trustworthy when he leaves the sanatorium; and the social study of the patient is at no time comparable in method to the physical study of the case.

UNSCIENTIFIC SOCIAL CARE

The theory of medical care is scientifically outlined and accurately pursued. Social care, on the other hand, is neither scientifically planned nor is the loose attention we do give to it adequate to any one of the requirements of a patient suddenly removed from a nearly perfect environment to one full of danger. When a man asks for medical aid he is studied so thoroughly that the color of his eyes and his mother's maiden name are known before he enters the ward. What is known of him, and by what responsible body, when he re-enters the city? Yesterday it had been determined whether he could digest eggs; today no one inquires whether he can be a bookkeeper or a man-of-all work for twelve hours a day.

Thirty years ago those who wished to know how to control this disease were defeated in the medical laboratory; now we fail in the social group; and it is here that we must experiment with researches as lavish, as patient and as daring as were

those that discovered the bacillus. We have now to find the method by which an ex-patient can live, and be as safe and comfortable in his daily life as in the sanatorium.

Such reversions constitute defeat. How shall we proceed to reduce their number? How shall we at least reduce the speed with which they overtake ex-patients and nullify the expenditure of time and effort and money? How shall the social care be brought up to an efficient standard?

LONGER TREATMENT

The average length of treatment at the New York State Sanatorium at Raybrook is thirty-two and one-half weeks, at Loomis and Sharon it is twenty-four weeks, approximately the same as at Rutland. Should an attempt be made to lengthen this in order to be surer of permanent results?

PRESCRIBE WORK

Can we not include in the hygienic and medical treatment constant therapeutic use of various kinds of work? Confidence and ability would thus be incidentally constructed while muscles are made firm, appetite created, and the system regulated. Dr. Patterson, of the Brompton Hospital Sanatorium, and other English physicians, have been showing astonishing results from this method of dosing with measured output of activity and strength through time. Can we protect the convalescent and economize for the state, insuring the productiveness of its expenditure upon him, by establishing at the Rutland Sanatorium, and at the other sanatoria soon to be erected, a social service or after-care department?

AFTER CARE

English public and private sanatoria have had ten years of beneficial work by after-care committees. American experience with after-care for graduates from insane asylums and the parole system is analogous. We believe it could be built up at very slight cost through centralizing the responsibility in a developed graduate of a school for social workers. No patient would then be discharged without this officer's knowledge except upon one week's notice to her. In that time she should be able to make at least temporary arrangements for the patients. Through the use of present organizations and correspondents she could assure proper housing and work, which, if not ideal, would at least not be dangerous.

For the sake of society and the adjustment of its relief and control measures we believe that we need as extended and

TO LEARN BY EXPERIENCE

thorough an investigation into the after-history of sanatorium patients as we now have into their case history at such scientifically governed institutions as the Phipps Institute in Philadelphia. These after-history facts have the same bearing on control and relief measures as laboratory research and the minute antecedent facts found at the clinic have on the medical treatment of the individual.

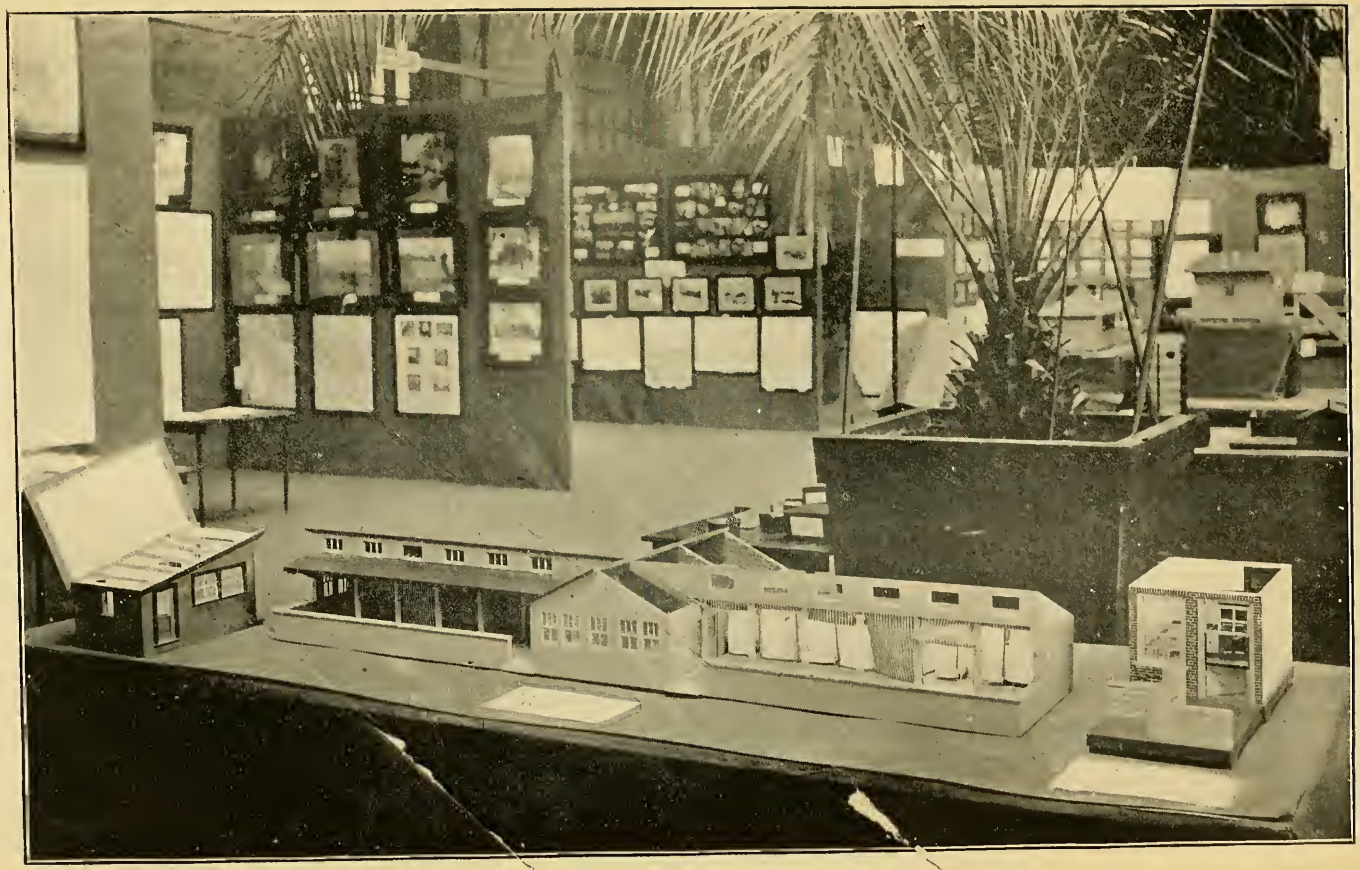
EDUCATION

A CAMPAIGN FOR APPLIED KNOWLEDGE

Public education on the facts about pulmonary tuberculosis or consumption has been sought through the use of our traveling exhibit, public meetings and lectures, distribution of literature, representation at hearings on all matters affecting health before the legislature, and furnishing the press with authoritative information. We have constantly reiterated the truth that the "white plague," and many other human ills are preventable and curable through consistent observation of the laws of hygiene. Consumption is not hereditary, but gets its grip when vitality is lowered by poor food, deficiency of fresh air and sunlight, and drinking or other excesses. It will not yield to anything-in-a-bottle asserted to "cure all lung troubles." It is, however, curable and preventable by homely means patiently adhered to: by a concerted enforcement of the laws upon registration and disinfection of all discovered cases and places; by respect of the law against expectoration or spitting on sidewalks and in theaters, churches and other public places; by thorough ventilation of home, factory and office; by hospital or other medically supervised care of advanced cases; by sanatorium or dispensary care for incipient cases; by efficient enforcement of pure food, anti-smoke and dust, and clean street laws; and finally, by extension of building regulations, and official examination into and care for the health of school children.

THE TRAVELING EXHIBIT

In practical demonstration of these truths, the Association has arranged a traveling exhibit of maps, charts, models of tents and shacks, sanatoria buildings, photographs and models of consumption breeding tenements and of inexpensive model housing conditions. Accompanied by a set of 200 stereoptican slides, it has been set up this year in fifteen cities and has been



A CORNER OF THE EXHIBIT

1500 people have come in a day to learn its graphic lessons on the means of protecting healt

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seen by 92,000 persons. Three times it has passed beyond state lines, to Providence, Pittsburg, and Syracuse. As a direct result of its service in the latter city the New York Legislature made an appropriation for a duplicate to be used by its State Board of Health. Wherever shown it has either given great impetus to the local anti-tuberculosis society, or it has caused one to be formed through precipitation of the aroused public interest. It can be used advantageously in every town of 5,000 inhabitants or over. The whole expense can be kept within $100 for eight days. The calendar and most economical route of travel is made up months in advance. As the Treasurer's report shows, the receipts from its rental ($5.00 per day), and the refunded expenses relieve us from the burden of its support except when in local use. Constant effort is made to improve it and add to its effectiveness. The use of an Edison phonograph to explain its lessons to visitors is now projected.

PARLOR EXHIBITS

Encouraged by the great success of the main exhibition and the extended schedule made out for its use in the larger cities, we are now preparing material for minor or parlor exhibits. These will consist of well-selected photographs and charts, a few models, and collections of the best popular health literature. These will be lent to public libraries, settlements, church clubs and similar organizations.

PUBLIC LECTURES

Forty public lectures were arranged in connection with the five local situations of the exhibit last year. These were attended by appreciative audiences of from one to nine hundred. "A War Upon Consumption," a leaflet telling how to escape the disease, and "Friendly Advice to Consumptives," telling the rudiments of treatment and the way to protect others, are distributed in large quantities to these audiences and through the office. We will continue to arrange for lectures on health protection before trades-unions, settlements, church clubs, public schools, and other bodies.

IN FACTORIES

Special literature for factory managers has been issued to a limited extent, and signs directing the use of cuspidors and forbidding indiscriminate spitting are furnished on request. Several factories have provided liberally for the examination of their employees, for pensions while under treatment and guarantees of work when the disease has been arrested.

Considerable of the Secretary's time is given to visitors seeking information about these subjects and advice in regard to the inauguration of special campaigns. This Association aims to become, to an increasing extent, a source of information and assistance in regard to every phase of health protective work. The largest and most systematic distribution of tuberculosis literature ever made was undertaken last January by the City Consumptives Hospital Department, when it mailed a circular to every registered voter in Boston. In the preparation of this circular the Secretary of the Association and some of its members took an active part. The Committee on Education expects to prepare and distribute a new edition of the "Directory of Institutions and Resources in Massachusetts for the Relief and Control of Tuberculosis." This has proven most useful and is in steady demand. The question of including private boarding houses brings up that of the desirability of having all such "sanatoria" and hospitals licensed and inspected by the State Board of Health.

A NEW DIRECTORY

NEED OF NEW ENGLAND ORGANIZATION

A general news campaign should be begun by way of furnishing the press of New England regularly with stories about health protection. The principal cost of this enterprise would be that of time and skill in preparing the articles at the moment when they have the greatest news value. The solidarity of New England interests is such that this can be done economically only if done for the whole, and no local society like ours can afford to bear the whole burden of this. It would seem to be an excellent argument for the organization of an Association of all of the health protective and disease preventive agencies in these states. Progress requires a survey of the health field in many communities now unorganized, and a re-alignment and division of labor among existing agencies. The standard of work of all would be better defined. Volunteer agencies would be measured periodically by their own pretensions and public agencies by their responsibilities.

WALTER E. KRUESI,
Secretary.

DAY CAMP SANATORIUM
COMPARATIVE FIGURES FOR THE FIRST TWO SEASONS AND PART OF THE THIRD SEASON

The Day Camp on Parker Hill was first opened July 6, 1905, closing for the season on October 31. The second season of the camp opened May 23, and closed October 31, 1906. The third season opened at the new situation in Mattapan, June 5, 1907, and still continues as this report goes to press (January 25, 1908). All figures are taken to the end of the fiscal year — October 31.

	1905.	1906.	1907.
Number of days open	123	162	158
Total number of patient-days	3,914	7,522	10,580
Average number of patients per day	31	46	67
Maximum number of patients on one day,	58	72	83
Cost per day per patient:			
Food, coal and medical supplies	$0.375	$0.317	$0.3158
Carriage to top of Parker Hill	.144	.093	.025*
Salaries of nurses and attendants	.202	.147	.137
Office expenses, printing, postage, etc.	.106	.047	.031
Extensions, repairs and renewals	—	.034	.071
Totals	$0.827	$0.638	$0.58
First cost of camp	$1,427.30	—	—
Cost of maintenance	3,240.74	$4,803.22	$6,000.69
Total disbursements	$4,668.04	$4,803.22	$6,000.69

* At the new site no carriage is needed. This includes the cost of the special car for the patients during the first month and on Sunday evenings, and the fares of two attending physicians.

SUMMARY OF THE WORK OF THE NURSES

	1906.	1907.
Gave instruction and advice to	496	1,149
Sent to hospitals and sanatoria	37	188
Sent to Day Camp	58	45
Referred to the District Nursing Association	21	28
Referred to the Associated Charities	49	50
Referred to other charities	32	33
Referred to the Board of Health	23	†
Total number of patients visited	716	1,493

† Of the total number of patients coming under our nurses' care, 378 were referred to the Board of Health for registration, disinfection, quarantine or on account of overcrowding or illegal housing conditions.

REPORT OF THE TREASURER

GEORGE S. MUMFORD, *Treasurer*, in account with the BOSTON ASSOCIATION FOR THE RELIEF AND CONTROL OF TUBERCULOSIS.

Nov. 1, 1906 to Oct. 31, 1907.

Dr.

Debit Balance November 1, 1906	$384.70
To Contributions to General Fund of 1907	6,408.24
Contributions to Day Sanatorium Fund of 1907	6,373.96
Contributions to Day Sanatorium Fund of 1906, received after Nov. 1, 1906,	663.63
Contributions to special Holy Ghost Hospital Fund	3,539.88
Contribution for Special Relief Fund	250.00
Share Day Sanatorium in General Expenses	186.81
Interest on Bank Balances	36.21
Cash sale of Napkins, Pamphlets, etc.	220.18
Rent of Traveling Exhibit	925.05
	$18,988.66

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By Salaries	$3,749.37
Office Rent	250.04
Office Expenses, postage, traveling expenses, etc.	1,086.65
Printing and other Educational work	376.02
Traveling Exhibit	1,379.90
Relief, medicine, sputum cups, etc.	176.57
Cash transferred to Day Camp of 1906 account after Nov. 1, 1906	663.63
Cash transferred to Day Camp season of 1907 account	6,373.96
Cash paid for board of patients at Holy Ghost Hospital	3,539.88
Cash to repay loan of October, 1906	1,000.00
Special Relief Fund	101.19
Balance on hand October 31, 1907	291.45
	$18,988.66

GEORGE S. MUMFORD,
Treasurer.

27 KILBY STREET, Nov. 29, 1907.

I hereby certify that I have examined the receipts and payments, with their vouchers, of the Treasurer of the Boston Association for the Relief and Control of Tuberculosis for the fiscal year ending Oct. 31, 1907, and have found them correctly accounted for and agreeing with the bank balance.

H. A. LAMB,
Auditor.

LYSSON GORDON, *Accountant.*

OFFICERS AND COUNCIL FOR 1907–1908

Edward O. Otis, M.D., *President.* Mrs. Mary Morton Kehew, *Clerk.*
Arthur K. Stone, M.D., *Vice-President.* George S. Mumford, *Treasurer.*
Walter E. Kruesi, *Secretary,* Office, 4 Joy Street.

COUNCIL.

George S. C. Badger, M.D.
John G. Blake, M.D.
V. Y. Bowditch, M.D.
Arthur T. Cabot, M.D.
Herbert C. Clapp, M.D.
Miss Elizabeth P. Cordner.
Wm. T. Councilman, M.D.
Mrs. Charles A. Cummings.
Rev. Francis X. Dolan.
Rev. Charles F. Dole.
Miss Helena Dudley.
Samuel H. Durgin, M.D.
Miss Veronica Dwight.
Harold C. Ernst, M.D.
Mrs. William Faxon, Jr.
George W. Fitz, M.D.
Reginald H. Fitz, M.D.
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Mrs. John Homans.
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The objects of this Association are to promote a careful study of conditions regarding tuberculosis in Boston; to educate public opinion as to the causes and prevention of tuberculosis; and to arouse general interest in securing adequate provision for the proper care of tuberculous patients in their homes and by means of hospitals and sanatoria.

FORM OF BEQUEST

I give and bequeath unto the Boston Association for the Relief and Control of Tuberculosis, incorporated under the laws of the Commonwealth of Massachusetts in the year 1905, *its successors and assigns, the sum of*

We send this report to you with the belief that it will claim your interest and attention, and in the hope that after reading it you will become a member, if not one already, and give whatever additional support you are able. The Association is supported entirely by voluntary contributions. It is now entering upon its fifth year of active work.

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rejection of the divine origin of disea
doctrine and by attributing death from
ventable disease to a failure of governmen

¶ "Are you in the habit of estimating the happiness and misery of your community by the decrease or increase in its death rate from preventable causes?"—*Efficient Democracy.*

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¶ Doctors and Health officers should
retained to exercise eternal vigilance
preserving the health that is natural a
be active in avoiding danger rather tha
in encountering it. The ways of avoiding
sickness are positive and clear, those of
overcoming it are devious and elusive.

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